



**Remember to complete entire application & include:
Copies of last (2) paystubs from each parent or guardian
AND copy of last year's tax return.**

I/We declare that the information included on this form and attachment, is true, correct and complete to the best of my knowledge.
We authorize the Diocese to obtain any information necessary to verify the information included in or attached to this application.

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

Print Name _____ Print Name _____

Date: _____ Date: _____

Your application will only be considered if:

- All requested information is provided
- All required attachments are included

Please Note: Original documents will not be returned. This application, and all attachments, are handled in a confidential manner and securely stored.

For further information, or to schedule an appointment for assistance with this application,
contact the Diocese of Providence, Catholic Social Service of RI at 421-7833 x 223

Mail, deliver, or fax the completed, signed application,
and all required attachments to:

The Cabrini Fund - Diocese of Providence
Catholic Social Service of RI
One Cathedral Sq.
Providence, RI 02903-4029
Fax: 401-453-6135

For Office Use Only

Approved: _____ Authorization # _____
Date _____

Denied: _____

Name of Child for whom scholarship is requested: _____

(one child per household)

Who Lives in this Household?

List all children and adults (except adults previously listed)

Name:		Date of Birth	Gender	Working?
First	Last	Month Day Year	M/F	Y/N
First	Last	Month Day Year	M/F	Y/N
First	Last	Month Day Year	M/F	Y/N
First	Last	Month Day Year	M/F	Y/N
First	Last	Month Day Year	M/F	Y/N

(Attach additional pages if necessary)

Family Income

This is the gross income (before any deductions) for all household members.

<u>Source</u>	<u>Amount</u>	<u>How often are you paid?</u>			
(Check all in household)		(Check one for each type of income)			
___ Employment	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
___ Employment	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
___ Unemployment	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
___ DHS/State	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
___ Child Support	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
___ SSI	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
___ SSD	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
___ Pension	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___

____ Disability \$ _____ Weekly____ Bi Weekly____ Monthly ____ Yearly ____
____ Other \$ _____ Weekly____ Bi Weekly____ Monthly ____ Yearly ____
(Please specify) _____

In addition to pay stubs, please attach documentation verifying other forms of income

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Child Support Paid Out

Does any adult in this household pay child support for children not living in this household?

Yes _____ No _____

If yes, how much was paid in the past year? \$ _____

Child Care Assistance from Department of Human Services (DHS)

Do you receive assistance from DHS in paying for child care? Yes _____ No _____

If yes, what is your DHS co-pay amount? \$ _____

Families receiving assistance from DHS may be eligible for a Cabrini Scholarship

If denied by DHS we will need a copy of denial letter.

Please add any information you would like to share with the scholarship committee:

For reporting purposes ONLY – (this information is not necessary to determine eligibility)

What is your religious affiliation? _____ Catholic _____
Name of Parish City/Town
_____ Baptist _____ Lutheran _____ Jewish _____ Muslim _____ None _____ Other _____

Please Note: You will only receive verbal notification of the results of this application if there is a current open space available. If the program has a waitlist you will be verbally contacted once a spot is open and the committee has reviewed your application for eligibility.

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